## **Employment Security Division**

Contributions Section 500 East Third Street Carson City, NV 89713-0030 (775) 684-6300





## **Refund Request Form**

INSTRUCTIONS: Please complete this request and mail to the address above, or fax to the Employer Account Service Unit at (775) 684-6367. All fields are required and must be completed.

Requestor's Signature	Date of Request
For refund inquiries please contact the Employer	Account Service Unit at (775) 684-6322.
same business entity which is responsible for pay	ncies within the last 3 years. Tax refund checks will be issued to the rment of unemployment insurance tax. The "Pay to the Order" will ed on the account. The law requires that all refunds will be made
	in order in which they are received. A refund will not be issued on
Address where the Refund should be mailed	
Traine of Ferson Requesting the Refund	1 015011 5 11tto/1 Osttoli
Name of Person Requesting the Refund	Person's Title/Position
Employer Business Name	Phone number
Employer Account Number	Federal Employer Identification Number (FEIN)

RETAIN A COPY FOR YOUR RECORDS



